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indicated unless correcte maintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new corres	spondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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STITES & HARBISON PLLC 1199 NORTH FAIRFAX STREET SUITE 900				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
ALEXANDRIA	, VA 22314					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/511,206 05/02/2005		Libero Facchini	P08417US00/MP		6462	
TITLE OF INVENTION	: CAPSULE FILLING N	MACHINE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0 T	\$1700	03/22/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
	OTHY LEWIS	3751	141-144000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSIBLE MACC	less an assignee is ident th in 37 CFR 3.11. Comp GNEE HINE AUTOMA	iffied below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY	atent. If an assigned assignment.  Y and STATE OR CO	OUNTRY)	oup entity Government
riease check the appropr	nate assignee category or	categories (will not be pi	inited on the patent).	i individual • • • • • •	potation of other private gr	oup chary — Government
	are submitted:  No small entity discount p  # of Copies	permitted)	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>□ A check is enclosed.</li> <li>☑ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the reapply any deficiency, or credit any overpayment, to Deposit Account Number 42-0555 (enclose an extra copy of this form).</li> </ul>			
a. Applicant claim	itus (from status indicate as SMALL ENTITY stati	us. See 37 CFR 1.27.		-	L ENTITY status. See 37 C	
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Authorized Signature	Mari	in they		Date <u>Ma</u> :	rch 20, 2007	
	<sub>ne</sub> Marvin Pe			-	o. <u>22752</u>	
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